



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 02 Big Horn		District: 0020 Spring Creek Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	140	0.95	22	07/21/05		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 02 Big Horn		District: 0021 Pryor Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	2	2-264	42	1.57	71	08/25/05	_____	_____
50	2	3-64	82	1.15	59	08/25/05	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
02 Big Horn		0023 Hardin Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
72	17-H	1	123	1.80	84	07/08/05			
71	17-H	10	167	1.80	84	07/08/05			
56	17-H	11	173	1.80	84	07/08/05			
83	17-H	12	62	1.57	71	07/08/05			
65	17-H	13	29	1.57	71	07/08/05			
66	17-H	15	149	1.80	84	07/08/05			
67	17-H	16	226	1.80	84	07/08/05			
50	17-H	17	164	1.36	66	07/08/05			
100	17-H	19	88	1.80	84	09/28/05			
78	17-H	2	108	1.80	84	07/08/05			
100	17-H	20A	65	1.15	57	09/08/05			
100	17-H	3	108	1.80	89	07/08/05			
85	17-H	4	216	1.80	84	07/08/05			
78	17-H	5	45	1.57	71	07/08/05			
78	17-H	6	124	1.80	84	09/28/05			
71	17-H	7	62	1.80	84	07/08/05			
35	17-H	8	62	1.80	84	07/08/05			
66	17-H	9	62	1.57	71	07/08/05			



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
02 Big Horn		0025 Lodge Grass Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	27	1	129	1.57	77	08/19/05	_____	_____
70	27	2	48	1.15	54	None	_____	_____
60	27	3	100	0.95	36	None	_____	_____
70	27	4	104	1.57	72	None	_____	_____
70	27	5	98	0.95	20	None	_____	_____
70	27	7	67	0.95	22	None	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
02 Big Horn		0026 Wyola Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	29	1B	55.4	0.95	48	07/18/05	_____	_____	
100	29	2B	52.7	0.95	48	07/18/05	_____	_____	
100	29	3B	20.7	0.95	48	07/18/05	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
02 Big Horn		1189 Hardin H S						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
28	1	1	123	1.80	84	07/08/05	_____	_____	
29	1	10	167	1.80	84	07/08/05	_____	_____	
44	1	11	173	1.80	84	07/08/05	_____	_____	
17	1	12	62	1.57	71	07/08/05	_____	_____	
35	1	13	29	1.57	71	07/08/05	_____	_____	
34	1	15	149	1.80	84	07/08/05	_____	_____	
33	1	16	226	1.80	84	07/08/05	_____	_____	
50	1	17	164	1.36	66	07/08/05	_____	_____	
22	1	2	108	1.80	84	07/08/05	_____	_____	
15	1	4	216	1.80	84	07/08/05	_____	_____	
22	1	5	45	1.57	71	07/08/05	_____	_____	
22	1	6	124	1.80	84	09/28/05	_____	_____	
29	1	7	62	1.80	84	07/08/05	_____	_____	
65	1	8	62	1.80	84	07/08/05	_____	_____	
34	1	9	62	1.57	71	07/08/05	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
02 Big Horn		1190 Lodge Grass H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	2	1	129	1.57	77	08/19/05	_____	_____
30	2	2	48	1.15	54	None	_____	_____
40	2	3	100	0.95	36	None	_____	_____
30	2	4	104	1.57	72	None	_____	_____
30	2	5	98	0.95	20	None	_____	_____
30	2	7	67	0.95	22	None	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 02 Big Horn		District: 1214 Plenty Coups H S					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	3	2-264	42	1.57	71	08/25/05	_____	_____
50	3	3-64	82	1.15	59	08/25/05	_____	_____